NOTICE OF COMPLIANCE

e Florida Department of Health and Rehabilitative Services will ensure that all programs which receive Federal financial assistance will not directly, or through contractural or other arrangements, utilize methods of administration which subject any individual to:

(1) Discrimination on the basis of race, color or national origin prohibited under Title VI of the Civil Rights Act of 1964.

(2) Discrimination on the basis of handicap in admission or access to, or treatment or employment in the Department's programs and activities covered by Section 504 of Title V of the Rehabilitation Act of 1973.

(3) Discrimination on the basis of sex in treatment or employment in the Department's educational programs or activities covered by Title IX of the Education Amendment of 1972.

The Administrator, Office of Civil Rights, at 1317 Winewood Boulevard, Tallahassee, Florida 32301 has been designated as the individual to coordinate the Department's efforts to comply with Civil Rights regulations.

Any participant, beneficiary, applicant or employee who believes that he or she has been discriminated against may file a complaint with the Administrator, Office of Civil Rights, at 1317 Winewood Boulevard, Tallahassee, Florida 32301, or with the Department of Health, Education and Welfare, Office for Civil Rights, at 50 7th Street, N.E., Atlanta, Georgia 30323. Complaints must be filed within 180 days of the action complained of.

Dated 1/3/78 77-12 12/30/77

A/6/16/78 EFF 10/1/77

Obsoleted by _____ Dated _____

#1

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES
AGREEMENT BETWEEN THE
SOCIAL AND ECONOMIC SERVICES, THE MEDICAID PROGRAM
THE HEALTH PROGRAM
AND
THE ASSISTANT SECRETARY FOR OPERATIONS
FOR
MEDICAID SERVICES TO PATIENTS IN MEDICAID FACILITIES WHO ARE
PROVIDERS OF INPATIENT TUBERCULOSIS SERVICES
FOR PATIENTS 65 YEARS OF AGE AND OLDER

The Office of the Deputy Assistant Secretary for Medicaid is designated as the administering office for the Title XIX (Medicaid) Program in the State of Florida; the Social and Economic Services Program has responsibility for the Medicaid Eligibility Determinations for individuals in the Institutional Care Programs; the Health Program has statutory responsibility for statewide supervision of the administration of the Health Service Programs in the State Tuberculosis Hospital.

I. The Health Program will supervise the administration and coordination of activities related to Health Programs within the State TB hospitals, other inpatient tuberculosis facilities, or community based programs.

II. District IX will administer the activities of the State TB Hospital.

A. District IX will provide such medical and related staff as will be needed to enable that office and the institution to carry out the specific responsibilities encompassed in this agreement.

B. For those patients who appear to be eligible for Medicaid vendor payment, the hospital will make a prompt referral to the Medicaid eligibility staff.

C. The facility will notify the Medicaid eligibility worker within twenty-four (24) hours after the individual leaves the Medicaid bed for reasons of medical hospitalization, trial visits, change in level of care, discharge, or other related reason.

D. Since the State Tuberculosis Hospital participates in the Medicare program under Title XVIII, Medicaid reimbursement will be made by applying the same standards, cost reporting period, cost reimbursement principles, and the method of cost apportionment currently applicable to the hospitals, as set forth in the regulations (HIR-4 12/68) except for adaptions permitted and stated in this agreement.

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1. The reimbursement will be made on the basis of an interim payment plan in the form of a per diem cost rate, plus a percentage allowance for the year in lieu of retroactive payment adjustment. However, if there has been a payment in excess of reasonable costs during the fiscal year, the hospital will refund the excess payment; in the event the hospital did not receive its audited reasonable costs in the year prior to the current year, the hospital may deduct from the refund the immediate prior year deficiency.

2. The percentage allowed in lieu of a retroactive adjustment on the part of the state is established in accordance with Florida's Title XIX State Plan. The percentage can be added to the per diem rate, but could conceivably be deducted under certain circumstances.

3. For cost reporting purposes, the program will require submission of "Hospital Statement of Reimbursable Cost Reports" covering recipients of the Medical programs, Title XIX based upon accounting year. Social Security forms 1562 and 1563 will be used as applicable. A new per diem rate will depend upon the timely submission by District IX Program of their Hospital Statement of Reimbursable Cost Report.

4. To assure uniformity in the determination of cost according to the payment formula, the Department will make such surveys, examinations, or audits of the financial records as are deemed necessary.

5. Included in the per diem are dietary services to patients, administrative expenses, general services and expenses, professional care other than medical, surgical and dental, housing and other care of patients, productive services and maintenance. Such costs will not include the cost of personal incidentals or additional clothing not provided by the institution.

6. Any Third Party payments received by the facility as payment for care for a Medicaid patient will be refunded to the Department. The Department will distribute such reimbursement to the Federal agency and to the Hospital Maintenance Trust Fund in accordance with the prescribed formula.

7. Provision of all necessary inpatient social services is recognized as the responsibility of the Hospital Social Service Departments, who will provide appropriate cooperative services in behalf of recipient patients in these areas:

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(a) Provision of social history material on patients known to the Department who are being admitted, to assist in diagnosis and treatment plans.

(b) Encourage the development and maintenance of family relationships, of home and possessions, of community interest and ties of the patient, by contact with the family and appropriate community contacts.

(c) When indicated, provide assistance in planning for and returning the patient to his own home or to to other alternate care.

(d) Referrals for follow-up services to provide suitable living arrangement in alternate care, plans for medical care, use of family and community resources, in adjustment and rehabilitation of patients in the community, and transportation planning when a patient must be moved or be returned to the hospital.

(e) For those patients determined eligible for Medicaid, the staff of the individual hospital will assess the need, and plan for designation of responsibility for provision of services which will be required by the patient in order to maintain him at, or restore him to, the greatest possible degree of health and independent functioning.

8. Periodically, at intervals not to exceed three months, there will be a joint consultation by appropriate hospital staff and the hospital Medical Review Team to assess the patient's current condition, progress and needs, the effectiveness of services provided and the modifications necessary to meet his continuing needs, either through care in the institution or alternate plans. This continuing inter-agency consultation regarding the patient's needs will provide opportunity for joint evaluation as to when release of the patient should be considered, and the type of care he will need.

9. The facility will maintain records which will reflect the patient's medical and social needs and the plan of services for meeting these, both at the time of the original assessment and at the time of re-evaluation.

10. The recipient's records will include a social study of the patient, his current personal and social needs and the plan of services obtained through joint planning by the hospital staff for the meeting of these needs.

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11. District IX will provide all administrative and fiscal reports deemed necessary by the Medicaid Program for administration of its program and for completing such reports as are required by the United States Department of Health, Education and Welfare.

12. District IX will transfer to the Medicaid Program, subject to approval by the State Department of Administration, such funds as deemed mandatory in order to implement the provisions set forth in this agreement and to conform with the Federal and State requirements for the administration of the Medicaid Program for payment of persons 65 years of age or older, in hospitals for tuberculosis treatment.

III. The Medicaid Program will assure that reimbursement will be made to the Hospital Maintence Trust Fund for reimbursement of Inpatient Tuberculosis Services for those Medicaid eligibles who are 65 years of age or older in a State Tuberculosis Hospital.

A. Further, the Medicaid Program will assure that program regulations and instructions, including detailed billing procedures, are issued to the District and appropriate inpatient tuberculosis facilities, and local SES units.

B. The Medicaid Program will serve as the liaison between the District, the Health Program, Social and Economic Services Program and Contract Management regarding computer involvement in the Medicaid Program for those Inpatient Tuberculosis Services for those Medicaid eligibles 65 years of age or older.

C. The Medicaid Program will assure that the fiscal contractor for Medicaid payments provides training, as needed, to the District and State Tuberculosis Hospital staff on billing procedures for Inpatient Tuberculosis Services for those 65 years of age or older.

D. The Medicaid Program will assure that vendor payments will be made for each patient 65 years of age or older, who is determined to meet eligibility requirements for this service by the HRS Medicaid Eligibility staff.

E. Medicaid payments are to be based on the actual operating cost of each individual hospital subject to required adjustments.

F. Medicaid vendor payments will be made monthly.

G. The Medicaid Program will pay the insurance premium for participation in Medicare for all Medicaid eligible participants.

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IV. The Social and Economic Services Program has responsibility for policy and procedures used for determination of eligibility for Medicaid vendor payment for those persons 65 years of age or older in need of care in a tuberculosis hospital.

A. For each individual that Medicaid eligibility is determined for the Inpatient Tuberculosis Program for those 65 years of age or older, a case file will be kept by the HRS Medicaid Eligibility Unit. This file will include information on all eligibility factors including an evaluation of the patient's financial resources and the use that will be made of these resources in meeting his needs.

B. The Medicaid eligibility staff will complete the eligibility study and provide the hospital with pertinent information on eligibility for these Medicaid programs.

Records of hospitals will be available, with appropriate consultation, for confidential professional use by the staff of the Social and Economic Services and the Medicaid Program. The Social and Economic Services eligibility worker, and the Medicaid staff shall have free access to the hospital facility and to the patient at times appropriate to the patient's condition and the hospital's normal functioning, and under circumstances which are conducive to free discussion.

Exchange of medical and social information between the programs will be effected through an established referral procedure, through joint consultation of all program staff, through exchange of social and medical summaries, correspondence, copies of pertinent correspondence, and forms devised for purposes of exchange of specific information, and through free access to each other's patient files.

If demonstration projects are developed for these purposes, they may be joint projects depending on the source of funds and project objectives. Optimum use will be made of other agencies' programs by all programs involved in this agreement.

There will be a joint annual review of the Medicaid program for Inpatient Tuberculosis Services for those 65 years of age or older by all parties of this agreement at least annually, at which time necessary changes in the agreement will be made.

This agreement by and between District IX and the Social and Economic Services and the Medicaid Program of the Department of Health and Rehabilitative Services, is effective when signed and shall continue in full force and effect until otherwise revised in writing and signed by all parties or cancelled by any one of the parties upon written notice of at least thirty (30) days prior to proposed termination date.

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STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

8-13-79
Date

Walter B. Conwell
Walter B. Conwell
Program Administrator for
Medical Services

8-15-79
Date

James E. Drake, Jr.
Acting Program Director for
Social and Economic Services

8-21-79
Date

James T. Howell, M.D., MPH
Program Director for
Health Program Office

8-29-79
Date

Phyllis Roe
Assistant Secretary for
Operations

8-24-79
Date

Abe Lavine
Assistant Secretary for
Program Planning and Development

Board 11-26-79 MED-79-03 11-15-79

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#2

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

AGREEMENT BETWEEN THE MEDICAL SERVICES OFFICE, SOCIAL AND ECONOMIC SERVICES PROGRAM OFFICE AND THE HEALTH PROGRAM OFFICE FOR EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT OF MEDICAID ELIGIBLE CHILDREN UNDER 21

The Medical Services Office is designated as the administering office for the Title XIX (Medicaid) program in the State of Florida; the Health Program Office has statutory responsibility for statewide supervision of the administration of health services programs; and the Social and Economic Services Program Office has responsibility for the administration of categorical assistance programs, including the Title IV-A program, and for the provision of social services under Title XX. Therefore, these three offices, in the interest of coordinating services and pooling resources to better serve the citizens of Florida, agree to the following:

I. The Health Program Office (HPO) will supervise the administration and coordination of activities in the county health units necessary to assure that:

   A. Screening services are provided within the rules, regulations and policies which govern the EPSDT Program under the Florida Medicaid Program. This includes:

      1. Provision of initial and periodic screening examination services for Medicaid eligible individuals twenty years of age and under, either directly or by subcontract;

      2. Provision of screening examination services according to the periodicity schedule established by the Department, which is at least once every fiscal year for those 0 through 5 years of age and, after the initial screening, at least once every three years for those 6 through 20 years of age;

      3. Completion of a "Request for an Additional Screening" form for all screenings requested to be provided prior to the next scheduled screening date according to the periodicity schedule. The form must be signed, in duplicate, by the parent or guardian of the individual if 0 through 17 years of age, or the individual if 18 through 20 years of age; the original to be retained in the individual's file by the screening provider and the copy submitted to the local SES

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office immediately following the screening. The form must contain at least the following: individual's name, Medicaid I.D. number, statement indicating the reason the request was made, date of last screening, and the appropriate signature as indicated in the previous sentence;

4. Each screening is provided in accordance with the Department's screening plan (Attachment I);

5. Immunizations and boosters are up-to-date for all individuals 0 through 20 years of age, including provision of any immunizations necessary for that purpose;

6. Collection of appropriate specimens for laboratory tests as required for the screening process and submission for testing by the (State) OPCLCS Laboratory(ies) or by the local screening provider with HPO approval;

7. Performance of all necessary referral and/or follow-up in accordance with the attached plan (Attachment II, Part B);

8. Timely notification is provided to the local Social and Economic Services (SES) office through use of a referral form, such as the HRS-SES Form 4042, of any diagnosis or referral made and/or treatment given to the individual.

B. All Medicaid policy/procedure changes approved by the Department and distributed to the county health units (CHU), are implemented by them in a timely fashion.

C. Prior to screening, determination of current eligibility for Medicaid will be made by viewing the Medicaid I.D. card and/or by calling System Development Corporation, Integrated Services, Inc. (SDC) at their toll-free number (1-800-342-3106).

D. Using the attached form (Attachment I), the CHU's will report through the Health Program Office for each month by the 10th of the following month the total number of eligible individuals in each county screened, health defects or problems identified, and referrals or other dispositions made.

E. That reports showing the extent of services provided to eligible individuals receiving initial and periodic

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screening examination services are maintained for continuity of care and avoidance of unnecessary repetition, and that these records shall be subject at all times to inspection, review or audit by State personnel and other personnel duly authorized by the Department.

F. The accepted procedures for billing purposes as outlined in the EPSDT Manual are followed.

II. The Health Program Office will:

A. Provide procedural standards to CHU's to assure uniformity in statewide program administration and timely scheduling of Medicaid eligibles for screening.

B. Collate the information in I., D., above, into one statewide report and transmit the report to Medical Services by the 20th of the month after the month in which services were rendered.

C. Assure maximum coordination of existing screening and examination services to avoid duplication of such services under this program.

III. The Medical Services Office will:

A. Make arrangements with SDC through the Contract Management Office (ASCM) to identify eligible individuals by county for a monthly EPSDT Eligibility List (PC060) to be distributed monthly as follows: two (2) copies to the central CHU staff in each county and two (2) copies for the SES staff in each county.

B. Coordinate with SES staff to assure that parents, guardians and/or eligible individuals are informed of the availability of initial and periodic screening services, that arrangements are made for eligible individuals to receive these services, as well as needed support services, such as transportation when requested, and that counseling is provided on the benefits of screening and follow-up diagnostic and treatment services.

C. Assure that reimbursement will be made to the CHU for the allowable cost for services as provided in this agreement, with payments for initial and periodic screening services at a rate of $15.00 per screening for deposit to the CHU Trust Fund. On a monthly basis, $1.00 per screening service will be transferred from the CHU Trust Fund to reimburse the Department of Health and Rehabilitative Services Office of Laboratory Services.

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